

QUESTIONNAIRE FOR ASSESSING THE QUALITY OF A DISCHARGE LETTER (Discharge Letter “A” or “B”) - Likert 1-4

1) Main domains (Likert 1-4)

A) ACCURACY (Accuracy)

How factually accurate is the discharge letter in relation to the input data?

- ☐ **1** Very inaccurate: multiple serious inaccuracies / invented facts
- ☐ **2** Inaccurate: at least one serious inaccuracy or several minor ones
- ☐ **3** Mostly accurate: only rare/minimal minor inaccuracies
- ☐ **4** Completely accurate: no noticeable inaccuracies
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B) COMPLETENESS (Completeness)

Does the discharge letter match the expected discharge content for this case?

- ☐ **1** Very incomplete: multiple key items are missing
- ☐ **2** Incomplete: at least one key item is missing
- ☐ **3** Very complete: almost everything relevant included, only minor omissions
- ☐ **4** Complete: all key items included, with no important omissions

Quick checklist (YES/NO/Not applicable):

1. Main diagnosis/indication (+ laterality if applicable): ☐ YES ☐ NO ☐ N/A
2. Key procedure/intervention (if any): ☐ YES ☐ NO ☐ N/A
3. Course of hospitalization / key events: ☐ YES ☐ NO ☐ N/A
4. Findings of important tests (labs/ultrasound/CT etc. if any): ☐ YES ☐ NO ☐ N/A
5. Discharge therapy (medications + doses + duration when important): ☐ YES ☐ NO ☐ N/A
6. Instructions and follow-up (when/with whom) + “red flags”: ☐ YES ☐ NO ☐ N/A
7. Status at discharge / outcome: ☐ YES ☐ NO ☐ N/A

Comment (what is missing): _____

C) CLARITY AND STRUCTURE (Clarity)

Is the discharge letter readable, logical, and well structured for continuity of care?

- ☐ **1** Very unclear: confusing, hard to follow, poor structure
- ☐ **2** Unclear: frequent ambiguity / poor information layout
- ☐ **3** Clear: well organized, easy to use clinically
- ☐ **4** Excellent: very clear and standardly structured

D) EMPATHY / TONE AND PROFESSIONALISM (Empathy/Tone)

The tone is professional, respectful, non-judgmental; the instructions are patient-safe.

- ☐ **1** Inappropriate: rude/insensitive/confusing instructions
- ☐ **2** Weak: tone is dry or potentially problematic
- ☐ **3** Good: professionally and carefully phrased
- ☐ **4** Excellent: very clear, supportive, safe, and professional

2) Secondary measures

A) CONCISENESS (Conciseness) - Likert 1-4

Is the length of the discharge letter appropriate while preserving completeness?

- ☐ **1** Inappropriate: too long/verbose or too short with loss of important information
- ☐ **2** Significantly suboptimal
- ☐ **3** Mostly appropriate
- ☐ **4** Optimally concise, with no loss of key content

B) CONFIDENCE IN THE RATING (Rater confidence) - Likert 1-4

How confident are you in your rating (based on the available data)?

- ☐ **1** Low ☐ **2** ☐ **3** ☐ **4** High

3) Error log (coding + counting)

Definitions

- Critical error (major/critical): may change the decision/therapy or endanger safety (e.g. wrong diagnosis, wrong procedure, wrong medication/dose, contraindications, wrong follow-up).
- Minor error (minor): does not substantially change clinical management (e.g. typos without change in meaning, minor time/date inaccuracies without impact).
- Critical omission: information necessary for safe continuity of care is missing (e.g. discharge therapy, follow-up plan, key complication).

Entry (number and description)

- Number of critical errors: ____
- Number of minor errors: ____
- Number of critical omissions: ____

4) Global rating - Likert 1-4

GLOBAL QUALITY (1-4) - overall impression for continuity and safety of care:

- ☐ **1** Very poor
- ☐ **2** Poor
- ☐ **3** Very good
- ☐ **4** Excellent
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5) (Only at the end) Source guessing - for checking blinding

After you have rated everything:

- Do you think the discharge letter was written by: ☐ Resident ☐ LLM ☐ Unable to assess
- How confident are you in that (1-4): ☐ 1 ☐ 2 ☐ 3 ☐ 4